

# Wisconsin Department of Safety and Professional Services

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### AFFIDAVIT REGARDING SUPERVISORY EXPERIENCE FOR CLINICAL SUPERVISORS

*(To be completed by supervisor only)*

**PLEASE TYPE OR PRINT IN INK**

**NAME OF APPLICANT:** \_\_\_\_\_

**CSIT (Clinical Supervisor in Training) CREDENTIAL NUMBER OF APPLICANT:** \_\_\_\_\_

**NAME OF SUPERVISOR:** \_\_\_\_\_

**CREDENTIAL OF SUPERVISOR** (e.g., clinical supervisor in-training (until June 1, 2009), intermediate supervisor, independent supervisor, licensed physician, licensed psychologist): \_\_\_\_\_

**LICENSE/CERTIFICATE NUMBER OF SUPERVISOR:** \_\_\_\_\_

1) Name and address of agency where supervised experience was gained:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Beginning and ending dates of this supervised professional substance abuse counseling experience:

From: \_\_\_\_\_ To: \_\_\_\_\_  
month day year month day year

☐ I am a supervisor holding the credential named above and I have supervised the above applicant for one year of clinical supervisory experience. The applicant's supervisory experience included 200 contact hours of face-to-face clinical supervision of counselors.

☐ I am a supervisor holding the credential named above and I have supervised the above applicant for two years of clinical supervisory experience. The applicant's supervisory experience included 200 contact hours of face-to-face clinical supervision of counselors.

I swear that the foregoing information is true and accurate, that the candidate for licensure has met the requirements of Wis. Admin. Code, s. RL 161 and I am knowledgeable in psychopharmacology and addiction treatment.

\_\_\_\_\_  
Signature of Supervisor (Signature of current supervisor is acceptable even if experience was completed in previous place of employment.)

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before this \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_ by \_\_\_\_\_

(Supervisor Name)

\_\_\_\_\_  
Signature of Notary Public

**S E A L**

\_\_\_\_\_  
Date Commission Expires

**NOTE: THIS AFFIDAVIT MUST BE SIGNED BY THE SUPERVISOR IN THE PRESENCE OF A NOTARY, ON THE SAME DATE.**

#2778 (Rev. 4/13)

Section 457.02, Stats.

Committed to Equal Opportunity in Employment and Licensing